

# EXHIBIT A



## CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

## STATE OF MARYLAND

Department of Health and Mental Hygiene  
Division of Vital Records

## Certificate of Death

File Number 32017MD009121

1. Decedent's Name, AKA Name (if any) ALDONA T. LULIE		2. Date of Death 03/06/2017		3. Time of Death 1110	
4a. Facility Name 902 WASHBURN AVENUE		4b. City, Town or Location of Death BALTIMORE		4c. County of Death BALTIMORE CITY	
5. Social Security Number [REDACTED]	6. Sex F	7. Age 66 YR	8. Date of Birth [REDACTED]	9. Birthplace GERMANY	
10a. State MARYLAND		10b. County BALTIMORE CITY		10c. City, Town or Location BALTIMORE	
10e. Address 902 WASHBURN AVENUE		10d. Inside City Limits? YES			
10f. Zip Code 21225					
11. Marital Status MARRIED		12. Ever in U.S. Armed Forces? NO		13. Hispanic Origin? NO	
14. Race WHITE					
15. Decedent's Education ASSOCIATE		16a. Decedent's Usual Occupation NURSE		16b. Business/Industry NURSING	
17. Father's Name ALIGIRDAS RIMCAVICIUS		18. Mother's Name Prior to First Marriage BIRUTE BINDAUKAITE			
19. Surviving Spouse's Name JERALD F. LULIE, SR					
20a. Informant's Name JERALD F. LULIE, SR		20b. Informant's Relationship HUSBAND		20c. Informant's Mailing Address [REDACTED]	
21a. Method of Disposition BURIAL		21b. Place of Disposition GLEN HAVEN MEMORIAL PARK		21c. Date of Disposition 03/10/2017	
21d. Location GLEN BURNIE, MD					
22a. Signature of Funeral Service Licensee RENO ALDRIDGE		22b. License No M01266		22c. Name and Address of Funeral Facility GONCE FUNERAL SERVICE, P.A. 4001 RITCHIE HIGHWAY, BALTIMORE, MD 21225	
23a. Part I. Disease, injuries, or complications that directly caused the death BONE SARCOMA					
Immediate Cause (final disease, a. or condition resulting in death): Due to (or as a consequence of): COLON CANCER					
Conditions, if any, leading to immediate cause: b. Due to (or as a consequence of): BLADDER CANCER					
c. Due to (or as a consequence of): CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
d.					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I HYPERTENSIVE ARTERIOSCLEROTIC CORDIOVASCULAR DISEASE					
23b. Did tobacco use contribute to the cause of death? PROBABLY					
24a. Was an autopsy performed? NO		24b. Were autopsy findings available prior to completion of cause of death? NO		25a. Was case referred to medical examiner? NO	
25b. Medical Examiner Countersignature					
26. Place of Death HOME		27. Manner of Death NATURAL		28a. Date of Injury	
28b. Time of Injury					
28c. How injury occurred		28d. Injury at work?		28e. Transportation Injury?	
28f. Place of injury					
29a. Location of Injury					
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier CHRISTOPHER DEBORJA		29c. License No D42820	
29d. Date signed 03/07/2017					
30a. Name of person who completed cause of death CHRISTOPHER DEBORJA		30b. Address of person who completed cause of death 3708 MOUNTAIN ROAD, PASADENA, MD 21122			
For Office Use Only:					
31. Date Filed 03/09/2017		32. Registrar at Filing GENEVA G. SPARKS		33. Date issued 03/20/2017	
34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Geneva G. Sparks</i>					

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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL  
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE